NC Department of Health and Human Services north caroling of the Company of the C

Division of **Medical Assistance**



Update on PBH and WHN Implementation

DWAC, April 18, 2012

Kelly Crosbie, LCSW
Division of Medical Assistance
Chief, Behavioral Health Policy Section







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MCO Due Process

42 CFR 438.402

- 3 Levels:
 - Grievance Process
 - Conducted by MCO
 - Reconsideration
 - Conducted by MCO
 - State Fair Hearing
 - Mediation
 - Office of Administrative Hearing (OAH) Appeal





What is a Grievance

- Grievance means an expression of dissatisfaction about any matter
- Formal complaint; collected by the MCO
- Possible subjects for grievances include:
 - quality of care or services provided
 - rudeness of a provider or employee
 - failure to respect a recipient's rights
- Monitored by DMA on quarterly basis
- LME-MCO has 90 days to resolve the grievance







Reconsiderations & Appeals

Reconsideration Requests

- Recipient has 30 days to request a reconsideration of an authorization decision
- Standard: 45 days to resolve
- Expedited: 3 working days to resolve

State Fair Hearing (Appeal)

- Recipient can appeal any reconsideration decision
- Recipient has 30 days to request State Fair Hearing (mediation/appeal)
 from the date of the reconsideration
- After 30 days, the MCO reconsideration decision becomes final

42 CFR 438.408

**Maintenance of Service (MOS) applies to the end of the authorization NOT the end of the appeal process.





Clean Claim

Clean Claims

- can be processed without obtaining additional information from the provider of the services
- Contains all required elements
- Recipient name, ID
- Service code, units, place of service
- Date(s) of service
- Provider number
- Billed Amount





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Clean Claim

- If NOT clean then claim <u>denies</u>
- Provider gets an Explanation of Benefits (EOB) in order to 'fix' & resubmit the claim
- In the DMA contract: LME-MCOs have 18 days to approve or deny a 'clean claim' and 30 days to pay it
- Providers can resubmit claims up to 90 days later
- Each LME-MCO has a check-write cycle





Western Highlands Network (WHN)

- Buncombe, Henderson, Madison, Mitchell, Polk, Rutherford, Transylvania, Yancey
- Medicaid Recipients = 71,672
- Network Numbers
- Claims Data
- Turn Around Time (TAT)
- Utilization Data







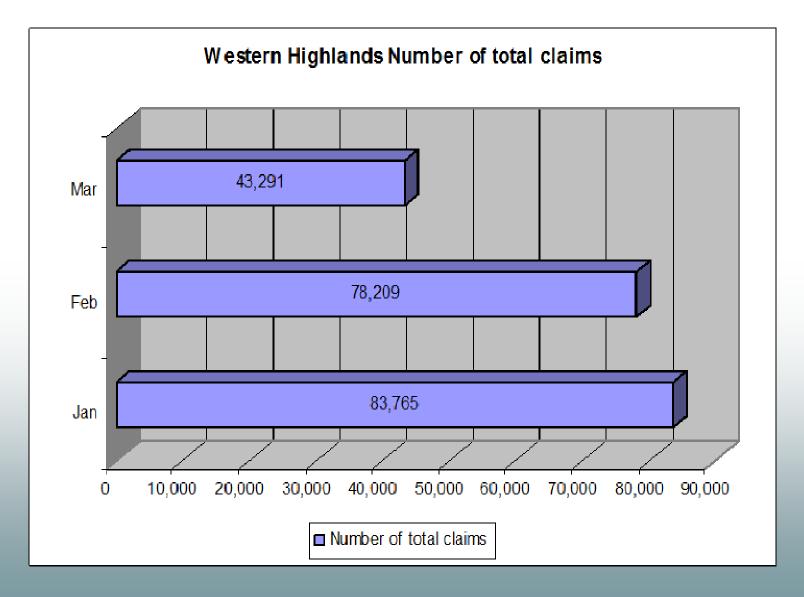
WHN Provider Network (as of April 1, 2012)

•	CABHAs	33
•	TFCs, Level IIIs & IVs, PRTFs	60
•	Psychiatrists	70
•	LIPs	206
•	Peer Support Agencies	59
•	Innovations Providers	74
•	ICF-MRs	16
•	Community Guides Agencies	7
•	Hospitals	14





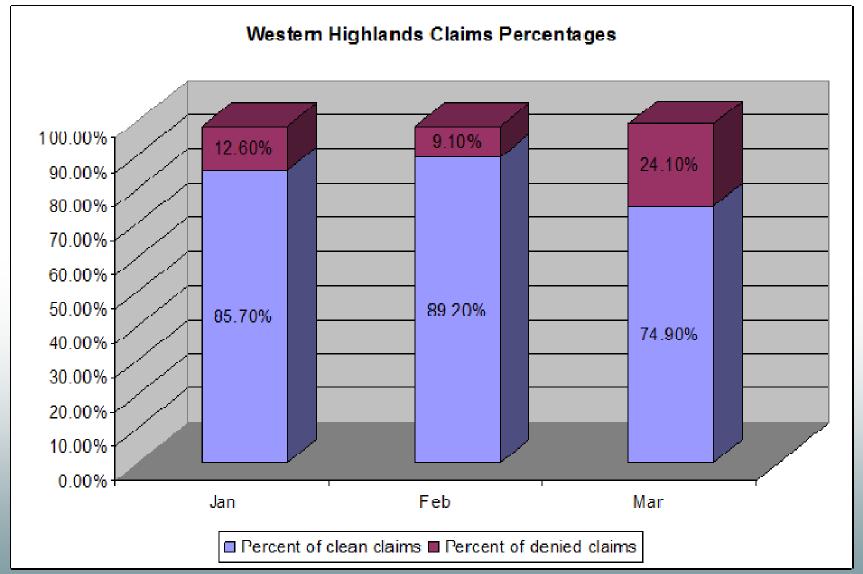
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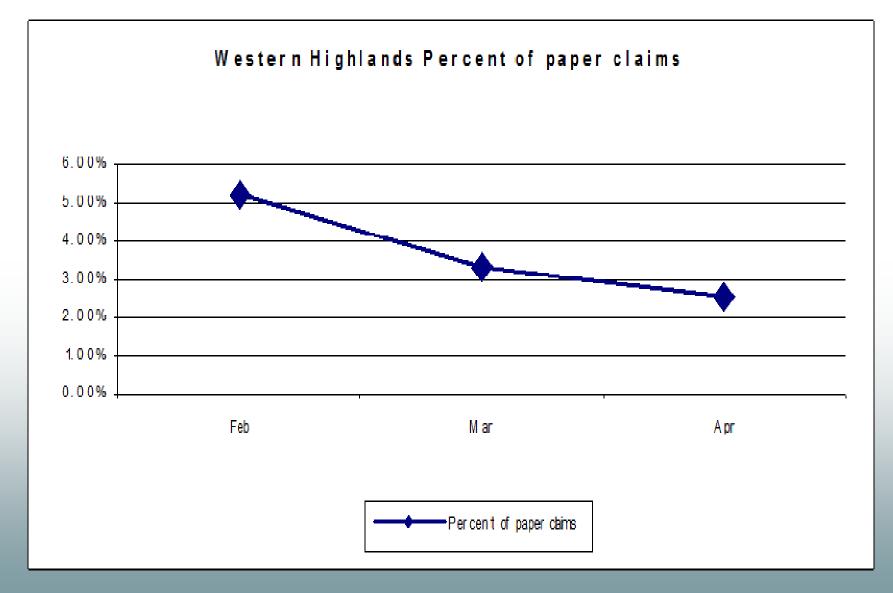
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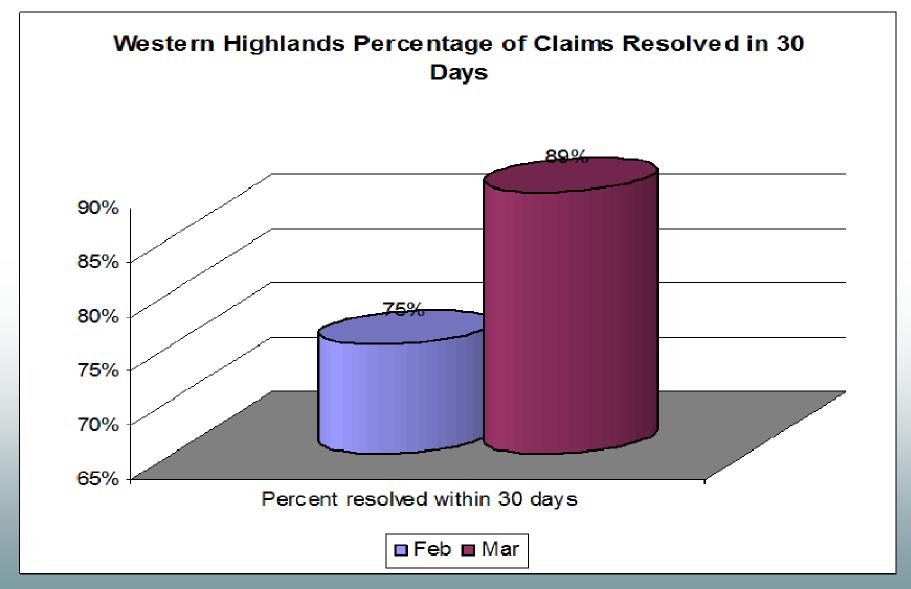








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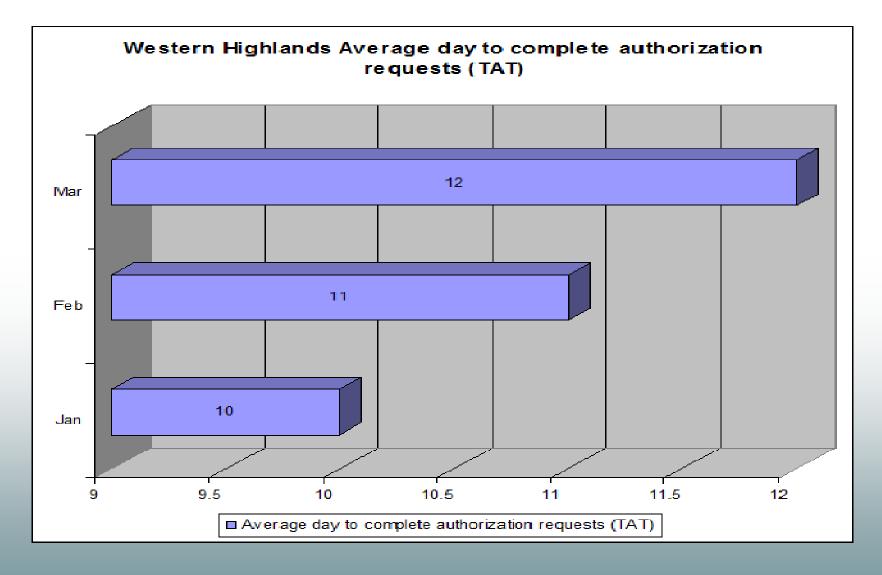








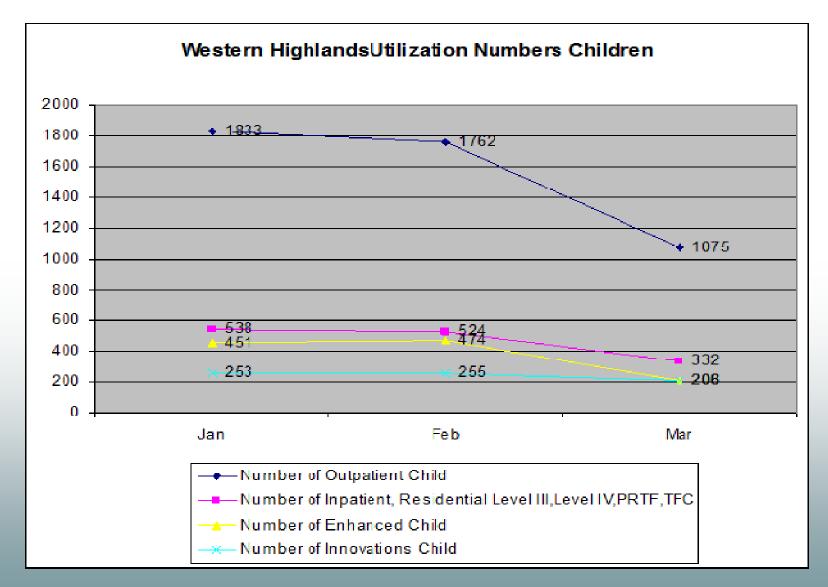
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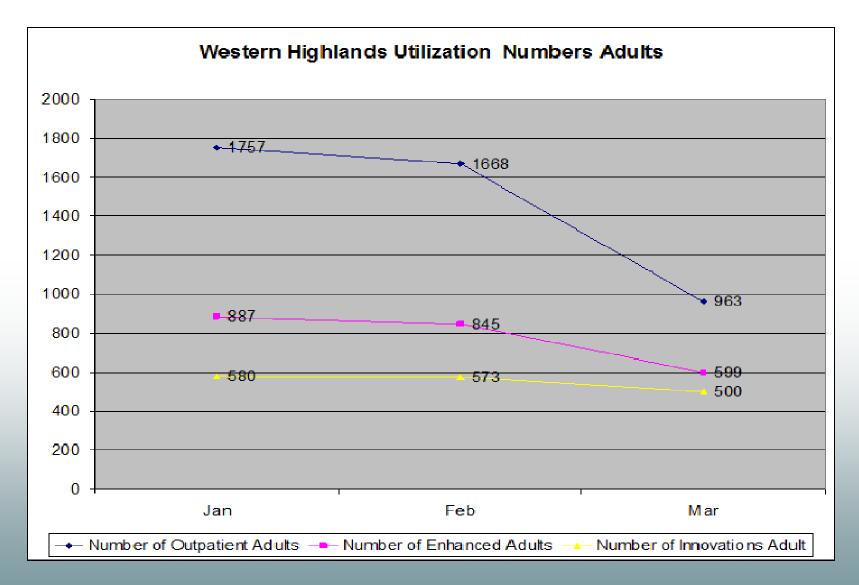
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PBH Expansion Counties

- Union, Stanly, Cabarrus, Rowan, Davidson (original)
- Alamance and Caswell Counties (10/1/11)
- Franklin, Vance, Granville, Warren & Halifax (1/1/12)
- Medicaid Recipients = 71,257 (in expansion counties)
- Network Numbers
- Claims Data
- Turn Around Time (TAT)
- Utilization Data





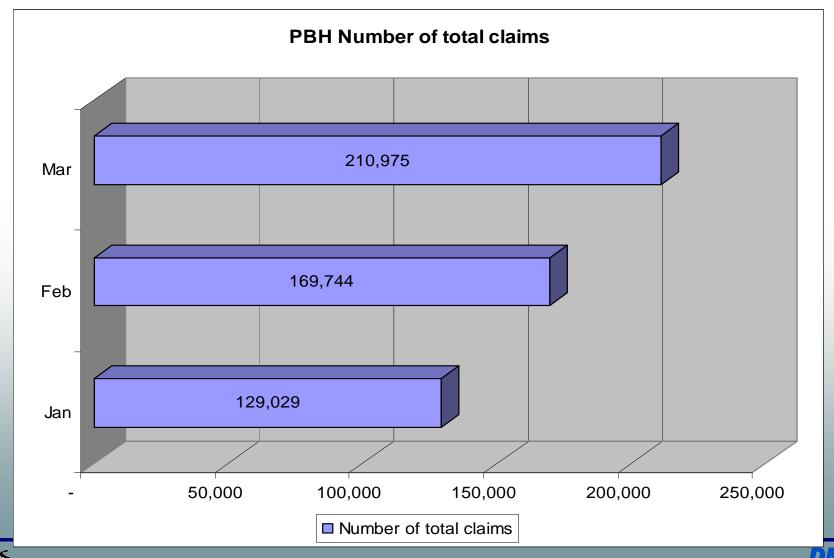
PBH Provider Network

•	CABHAs	44
•	TFCs, Level IIIs &IVs, PRTFs	169
•	Psychiatrists	144
•	LIPs	750
•	Peer Support Agencies	10
•	Innovations	142
•	ICF-MRs	30
•	Community Guide Agencies	18
•	Hospitals	50



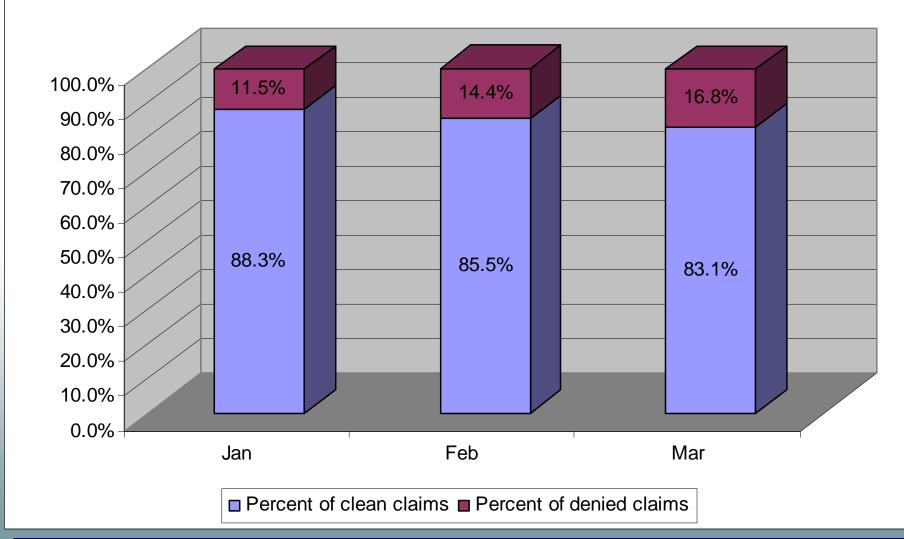


PBH Claims Data





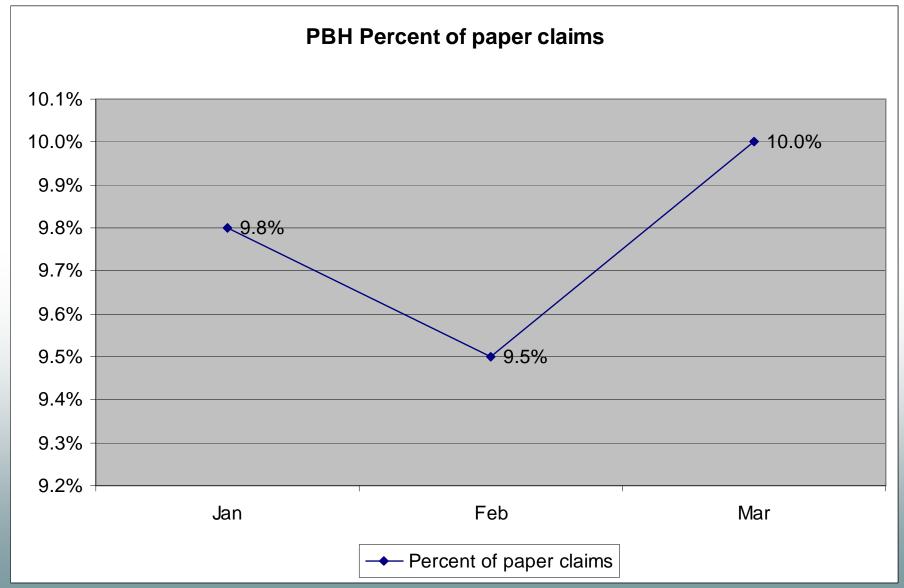
PBH Claims Percentages







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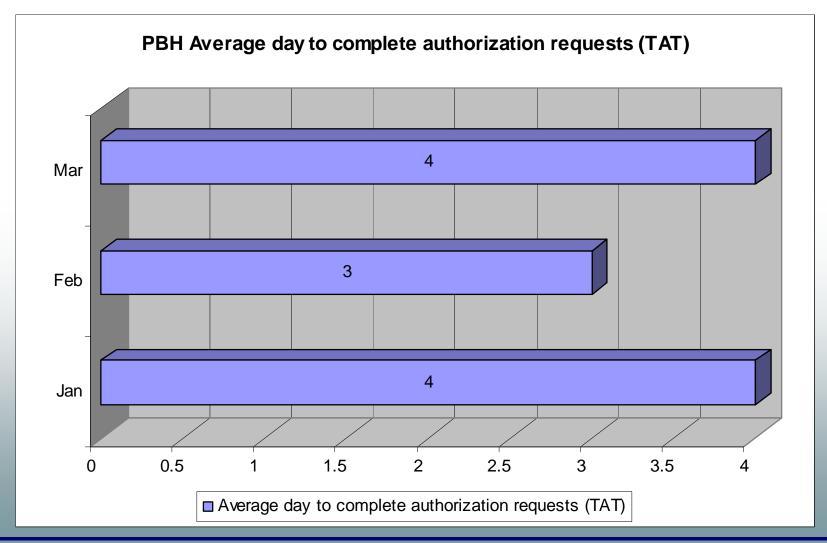
PBH Percent of Claims Resolved within 30 days 99.1%-99.0% 98.9% 98.8% 98.7% 99.1% 98.6% 98.5% 98.7% 98.4% 98.5% 98.3% 98.2%-Feb Mar Jan ■ Percent of Claims Resolved within 30 days







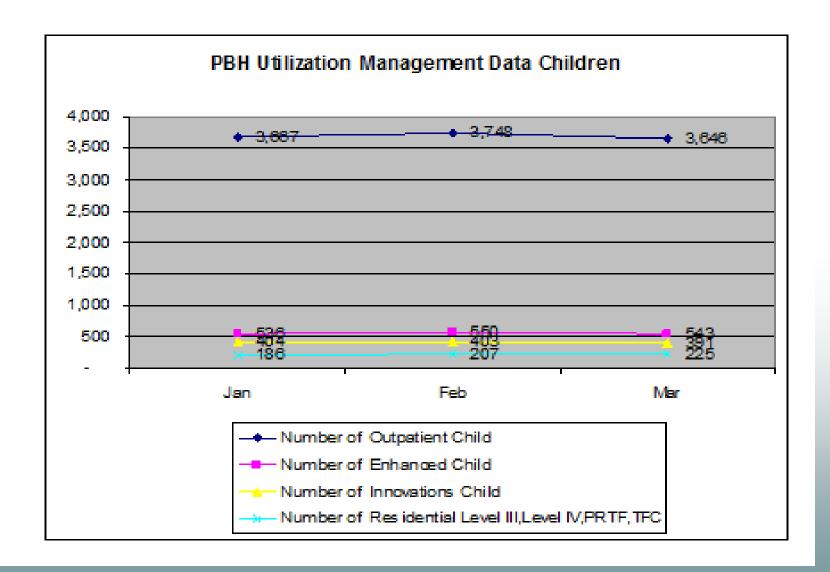
PBH TAT







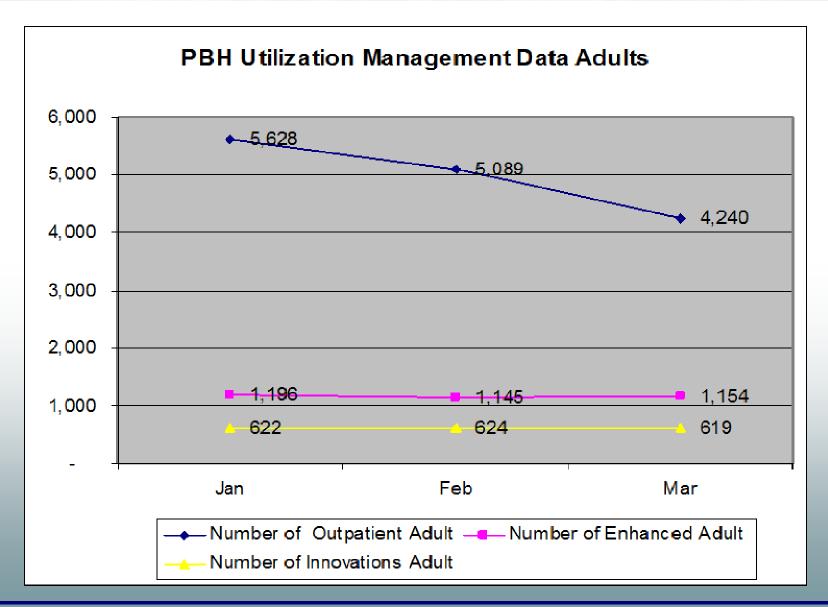
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May DWAC

- ECBH Data
- Data on grievances, reconsiderations, appeals
- Data on care coordination
- Penetration rates (% of enrollees in services)
- Future: performance reports, network capacity studies
- What else?

